International Health Management Research: A Two Way Street for the UK

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Abstract

A recent assessment of reports from the NIHR Health Services and Delivery Research programme showed not only that UK health managers and clinical leaders have much international material on which they can draw, but also that research from the UK has theory and concepts to offer the international community. International health management research is a two-way street, with the export potential of UK studies far from fully exploited. Discerning health managers however, should always filter imported research findings with a contextual checklist.

Keywords

Health Service Managers; Evidence Based Practice; International; Health Management Research; Theory

Evidence based management matters. Checking out the empirical basis for executive and administrative decision making has become crucial in order to ensure the scientific quality of studies that underpin evidence based medicine. For discerning clinical leaders and health services managers in both the NHS and the UK's independent health care sector, the relevant research programmes, commissioned through the Department of Health funded National Institute for Health Research (NIHR), are now an increasingly significant source of evidence for these decisions. The first aim of this article is to offer guidance on the best way to approach the reports published in these programmes and their counterparts from other funders. While the second goal is to raise awareness that international health management research is a two-way street, with the export potential of UK studies far from fully exploited.

The growing interest in evidence based practice is demonstrated by the level of response to individual research reports on such diverse subjects as the changing NHS organisational culture (Mannion R et al. 2008) and models of care closer to home for ill children (Parker G et al. 2011). Typically, these have achieved between 20000 and 80000 downloads; and still counting. Part of this growth is explained by the increased international interest in UK research. A recent report on continuity and choice in UK primary care (Baker R et al. 2005), for example, has been the subject of conference presentations in Amsterdam, Barcelona and Lubljiana–as well as Gateshead and Glasgow-and produced articles for journals with a global reach including, in this case, international journals of Integrated Care (Low J et al 2004), General Practice (Baker R et al. 2007) and Health Services Research and Policy (Turner D et al. 2007). This increasing overseas interest is matched by a greater focus on international sources in NIHR health management-orientated research projects. Generally, a NIHR Health Services and Delivery Research (HS&DR) programme's commissioning brief will ask applicants to 'review evidence from other countries for an evidence synthesis which extracts useful learning and interprets this for NHS managers'.

Over the past three years, transferable learning from other countries has been sought on a broad range of topics that include patient safety, demand management and emergency planning. Table 1 below lists all the specific NIHR HS&DR reports referred to in this article which have useful international features.

The challenge for UK health management readership is to understand which evidence is of value and how to respond. The NHS in the past has sometimes been seen as singularly insular in its perspectives. The task now is to know what to copy or to adapt, to treat as a stimulus and trigger, or simply to discard and ignore. This article discusses the findings of a recent assessment of the international contribution to NIHR HS&DR programme reports, and offers some useful pointers for UK decision makers.

TABLE 1 NIHR HS&DR REPORTS REFERRED TO IN THIS ARTICLE, WHICH HAVE USEFUL INTERNATIONAL FEATURES

HS&DR Ref Number	Authors	Title
08/1501/091	Mannion R. et al. (2008)	Measuring and assessing organisational culture in the NHS
08/1704/151	Parker G. et al. (2011)	Evaluating models of care closer to home for children and young people who are ill
08/1109/196	Baker R. et al. (2005)	Continuity of care: patients' and carers' views and choices in their use of primary care services
08/1619/155	Kessler I. et al. (2010)	Nature and consequences of support workers in a hospital setting
08/1803/225	Senior J.et al. (2012)	The Development of a Pilot Electronic Multi-Agency Information Sharing System for Offenders with mental Illness
08/1605/122	Goodman C. et al. (2010)	Nurses as case managers in primary care: the contribution to chronic disease management
08/1501/93	Patterson M et al. (2011)	From metrics to meaning: culture change and quality of acute hospital care for older people
08/1715/162	Kirk S. et al. (2010)	Evaluating self-care support for children and young people with long term conditions
09/1005/03	Lee A et al. (2012)	Emergency management; scoping study of the international literature, local information resources and key stakeholders
08/1618/126	O'Donnell C. et al. (2011)	The new GMS contract in primary care: the impact of governance and incentives on care
08/1618/136	Henderson C et al. (2011)	Unplanned admissions of older people: exploring the issues

The assessment covering the NIHR Service Delivery and Organisation (SDO) and HS&DR programmes over a ten year period, focussing in detail on the last three years. (The HS&DR programme established in January 2012 is the result of the merger of two former NIHR Programmes, the Health Services Research Programme [HSR] and the Service Delivery and Organisation Programme). Between 2002 and 2012, the programmes commissioned research which led to the publication of 305 reports. Eight per cent of these reports involved international collaborations, with Canadian universities being the most frequent overseas co-contributors. The list of these also includes individual Mexican, Spanish and Swedish researchers, as well as more prominently academic representatives from New Zealand and the USA. While such collaborations are of positive value in terms of accessing specialist knowledge and methodological expertise, the level of joint academic work seemed relatively low when the specific contributions to theory were reviewed. In a random sample of half of the reports published since April 2009 (n=44), twenty of the 30, which employed research methodologies explicitly underpinned by theory and conceptual frameworks, derived these from international sources. Of these 20 reports, 16 used frameworks from the United States.

The presence of theoretical and conceptual underpinning in a piece of research evidence can be an indicator as to the quality of that work. Overall our review suggested that as an approximate guide for UK health managers on what proportion of the available research evidence should be regarded as securely based, there is a 'two thirds' rule of thumb. This proportion appears to apply to each of the following: the scale of research which is theory based, the amount of this theory which comes from the USA (and its applicability to the NHS setting), and the volume of this theory which is derived from non-health care settings.

The last point is especially important when generalisable findings and potential transferable learning are considered for the NHS.

The only other significant external source detected was European Union policy and statute. Regulatory developments such as the European Working Time Directive and Convention on Human Rights, accordingly, have been formative in studies of support workers in hospital settings (Kessler I et al. 2010) and shared information systems for offenders with mental illness (Senior J et al. 2012).

A similar rule of thumb was apparent when our 44 reports were analysed in respect of developments in service design and delivery. Overwhelmingly, the majority of these developments originated in overseas models, with the United States again the most influential country. For example, American models of elderly care, cultural change, chronic disease, and emergency management (Goodman C et al. 2010, Patterson M et al. 2011, Kirk S et al. 2010, Lee A et al. 2012) are the starting points for a number of significant service evaluations and evidence syntheses in England and Wales.

TABLE 2 REPORTS WHICH HAVE USED THEORY IMPORTED FROM OUTSIDE THE UK OR DEVELOPED WITHIN THE UK

Theories of practical value for healthcare managers imported		**Theories of practical value for healthcare managers developed in the UK for export**	
Report	**Theory**	**Report**	**Theory**
Scoping study of the international literature, local information resources and key stakeholders Lee A et al (2012) 09/1005/03.	This report drew on conceptual frameworks for emergency planning which has emanated from international sources and has identified a US Integrated Emergency Management System (IEMS) model as having particular practical relevance to the UK context. This report found that there is a paucity of evidence related to emergency planning in health from the UK.	Evidence in Management Decisions (EMD) – Advancing Knowledge Utilization in Healthcare Management. Swan J et al (2012). 08/1808/244	This study designed to build theory, presents a model of collaborative co-production of evidence from a wide variety of sources, and the concept of a 'Heterarchy of Evidence' for modern health care decision making.
Management practice in primary care organisations: the roles and behaviours of middle managers and GPs. Checkland K. et al (2011). 08/1808/240	In health care, a large part of middle managerial work consists of networking with peers and subordinates within the organisation. Karl Weick (from the USA) developed a concept of 'sensemaking' which provided a theoretical framework within which to understand this activity. Checkland et al. described the 'animateur' role. Animateurs, as described by Checkland et al. 'animate' sensemaking, rendering it more effective. The essence of the role is the way middle managers "enact" policy thorough their priority encounters and selection of these.	Partnership Working and the Implications for Governance: issues affecting public health partnerships. Hunter D et al (2011). 08/1716/204	Study concluded that "The issues governing public health partnerships are not so different from those evident in other types of partnership, notably in health and social care". The key difference identified in relation to public health is that while local partnerships develop organically, central partnerships are structured formally. There is a gap in knowledge and management in respect of transitions between the two.

There are, however, some domestic English and Welsh studies, and topic areas which are not so reliant on imports from international sources. Some of these are normative studies based on NHS performance requirements and policy expectations, such as reviews of the General Medical Services contract (O'Donnell C et al. 2011) and unplanned hospital admissions (Henderson C et al. 2011). However, other research projects do contain theory developed directly within and from the UK context. This creativity is the most evident in what can be termed the relational topics of health service delivery and its organisation: for example, integrated care (Bernard S et al. 2010), and the implications of partnership working for governance (Hunter D et al. 2011). This suggests that there are some subjects–especially in relation to new cross boundary developments–where UK health service researchers might reverse past trends of importing knowledge, and be the exporters rather than the translators of theory from abroad. Table 2 below illustrates this suggestion with two sets of examples, first studies which have used theories and conceptual frameworks imported from abroad; and secondreports describing theories and frameworks developed within the UK which are of particular practical value for health care managers and clinical leaders; and have been recognised by international researchers (as demonstrated by presentations at international conferences and citations in international journals).

From the two tables in this article, it is clear that UK health managers and clinical leaders already have much international material on which they can draw. Indeed, it is apparent, especially in relation to the USA influence that they can hardly avoid in terms of both key ideas and exemplars of mainstream service configurations. Overseas research is a rich resource, and it is still one which could be further exploited. There is much scope, for example, simply in terms of the research commissioning process, to expand the range of expert foreign reviewers; to embrace non-English sources in literature reviews and evidence syntheses; and, in particular, to look beyond North America for both appropriate research project partners and theoretical foundations.

However, as this work indicates it is also important that UK research users proceed carefully and selectively, aware that much currently presented research comes from very different settings with very different health management agendas. Translation is essential. It cannot simply be taken for granted that UK principal investigators have already converted foreign concepts into domestic parlance in their protocols. The discerning UK health managers should always filter research findings with a contextual checklist.

In contrast to this cautionary note, our assessment also highlighs certain discrete areas where "home-grown" research has theory and concepts to offer the international community. Many of these have an export potential in terms of both intellectual and commercial capital. Commissioners of research need to harness this potential, encouraging more theoretical creativity at home in those service delivery and organisational subjects where the NHS and its partners are well placed to lead internationally, and ensure that it is fully exploited.

Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of NETSCC, NIHR, NHS or the Department of Health.

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REFERENCES

Baker R, Boulton M, Windridge K, Tarrant C, Bankart J, Freeman GK. Interpersonal continuity of care: a cross-sectional survey of primary care patients' preferences and their experiences. British Journal of General Practice 2007; 57(537):283-290.

Baker R, Freeman G, Boulton M, Windridge K, Tarrant C, Low J, Turner D, Hutton E, Bryan S. Continuity of Care: Patients' and Carers' views and choices in their use of primary care services. NIHR Service Delivery and Organisation programme 2005; 08/1109/196.

Bernard S, Aspinal F, Gridley K, Parker G. Integrated services for people with long term neurological conditions: evaluation of the impact of the National Service Framework. NIHR Service Delivery and Organisation programme 2010; 08/1610/124.

Checkland K, Snow S, McDermott I, Harrison S, Coleman A. Management practice in primary care organisations: The roles and behaviours of middle managers and GPs. NIHR Service Delivery and Organisation programme 2011; 08/1808/240.

Goodman C, Drennan V, Davies S, Masey H, Gage H, Scott C, Manthorpe J, Brearley S, Iliffe S. Nurses as case managers in primary care: The contribution to chronic disease management. NIHR Service Delivery and Organisation programme 2010; 08/1605/122.

Henderson C, Sheaff R, Dickinson A, Beech R, Wistow G, Windle K, Ashby S, Knapp M. Unplanned hospital admissions of older people: exploring the issues. NIHR Service Delivery and Organisation programme 2011; 08/1618/136.

Hunter D, Perkins N, Bambra C, Marks L, Hopkins T, Blackman T. Partnership working and the implications for governance: Issues affecting public health partnerships. NIHR Service Delivery and Organisation programme 2011; 08/1716/204.

Kessler I, Heron P, Dopson S, Magee H, Swain D, Askham J. Nature and Consequences of Support Workers in a Hospital Setting. NIHR Service Delivery and Organisation programme 2010; 08/1619/155.

Kirk S, Beatty S, Callery P, Milnes L, Pryjmachuk S. Evaluating self-care support for children and young people with long-term conditions. NIHR Service Delivery and Organisation programme 2010; 08/1715/162.

Lee A, Challen K, Gardois P, Mackway-Jones K, Carley S, Phillips W, Booth A, Walter D, Goodacre S. Emergency planning in health: Scoping study of the international literature, local information resources and key stakeholders. NIHR Service Delivery and Organisation programme 2012; 09/1005/03.

Low J. Continuity of Care from the patient's point of view: plotting the constellations of care and mapping the trajectories of older people as they pass through it. International Journal of Integrated Care 2004; 4

Mannion R, Davies H, Konteh F, Jung T, Scott T, Bower P, Whalley D, McNally R, McMurray R. Measuring and Assessing Organisational Culture in the NHS (OC1). NIHR Service Delivery and Organisation programme 2008; 08/1501/091.

O'Donnell C, Ring A, McLean G, Grant S, Guthrie B, Gabbay M, Mair F S, Carlisle C, Heaney D, Sutton M, Watt G C M. The new GMS contract in primary care: The impact of governance and incentives on care. NIHR Service Delivery and Organisation programme 2011; 08/1618/126.

Parker G, Spiers G, Gridley K, Atkin K, Cusworth L, Mukherjee S, Birks Y, Lowson K, Wright D, Light K. Evaluating models of care closer to home for children and young people who are ill. NIHR Service Delivery and Organisation programme 2011; 08/1704/151.

Patterson M, Nolan M, Rick J, Brown J, Adams R, Musson G. From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People. NIHR Service Delivery and Organisation programme 2011; 08/1501/93.

Senior J, McDonnell S, Lennox C, Yao L, Zhang N. The Development of a Pilot Electronic Multi-Agency Information Sharing System for Offenders with mental Illness. NIHR Service Delivery and Organisation programme 2012; 08/1803/225.

Swan J, Clarke A, Nicolini D, Powell J, Scarbrough H, Roginski C, Gkeredakis E, Mills P, Taylor-Phillips S. Evidence in Management Decisions (EMD)-advancing knowledge utilization in healthcare management (EMD). NIHR Service Delivery and Organisation programme 2012; 08/1808/244.

Turner D, Tarrant C, Windridge K, Bryan S, Boulton M, Freeman G, Baker R. Do patients value continuity of care in general practice? An investigation using stated preference discrete choice experiments. Journal of Health Services Research & Policy 2007; 12(3):132-137.